



Indian Health Service FACT SHEET

Members of federally recognized American Indian and Alaska Native Tribes and their descendants are eligible for services provided by the Indian Health Service (IHS). The IHS is an agency in the Department of Health and Human Services that operates a comprehensive health service delivery system for approximately 1.8 million of the nation's estimated 3.3 million American Indians and Alaska Natives. Its annual appropriation is approximately \$3.1 billion. The IHS strives for maximum Tribal involvement in meeting the needs of its service population. There are 561 federally recognized Tribes in the U.S. Their members live mainly on reservations and in rural communities in 35 states, mostly in the western U.S. and Alaska.

FEDERAL-TRIBAL RELATIONSHIP

Federally recognized American Indian Tribes and Alaska Native corporations have a government-to-government relationship with the United States of America. This unique relationship has been given substance through numerous Supreme Court decisions, treaties, legislation, and Executive Orders.

The provision of health services grew out of this government-to-government relationship. The IHS is the principal Federal health care provider and health advocate for Indian people.

The principal legislation authorizing Federal funds for health services to recognized Indian Tribes is the Snyder Act of 1921. It authorized funds "for the relief of distress and conservation of health . . . [and] . . . for the employment of . . . physicians . . . for Indian Tribes throughout the United States."

Congress passed the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) to provide Tribes the option of either assuming from the IHS the administration and operation of health services and programs in their communities, or to remain within the IHS administered direct health system. Congress subsequently passed the Indian Health Care Improvement Act (P.L. 94-437), which is a health-specific law that supports the options of P.L. 93-638.

The goal of P.L. 94-437 is to provide the quantity and quality of health services necessary to elevate the health status of American Indians and Alaska Natives to the highest possible level and to

encourage the maximum participation of Tribes in the planning and management of those services.

MISSION, GOAL AND FOUNDATION

The IHS provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum Tribal involvement in developing and managing programs to meet their health needs.

The mission of the IHS, in partnership with Indian people, is to raise their physical, mental, social, and spiritual health to the highest level. The IHS goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all Indian people. The IHS mission and goal are based on its foundation to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures, and to honor and protect the inherent sovereign rights of Tribes.

In order to carry out its mission, attain its goal, and uphold its foundation, the IHS:

1. Assists Tribes in developing their health programs through activities such as health management training, technical assistance, and human resource development;
2. Assists Tribes in coordinating health planning, in obtaining and using health resources available through Federal, State, and local programs, and in operating comprehensive health care services and health programs.

3. Provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities.

4. Serves as the principal Federal advocate in the health field for Indians to ensure comprehensive health services for Indian people.

HEALTH CARE DELIVERY

Preventive measures involving environmental, educational, and outreach activities are combined with therapeutic measures into a single national health system. Within these broad categories are special initiatives in traditional medicine, elder care, women's health, children and adolescents, injury prevention, domestic violence and child abuse, health care financing, state health care, sanitation facilities, and oral health. Most IHS funds are appropriated for American Indians who live on or near reservations. Congress also has authorized programs that provide some access to care for Indians who live in Urban areas.

IHS services are provided directly and through tribally contracted and operated health programs. Health services also include health care purchased from private providers. The Federal system consists of 33 hospitals, 54 health centers, and 38 health stations. In addition, 34 Urban Indian health projects provide a variety of health and referral services.

The IHS clinical staff consists of approximately 2,700 nurses, 900 physicians, 400 engineers, 500 pharmacists, 300 dentists, and 150 sanitarians. The IHS also employs various allied health professionals, such as nutritionists, health administrators, and medical records administrators. The IHS has a vacancy rate of about 13% for health professional positions, ranging from a vacancy rate of 5% for sanitarians to 29% for dentists. Through P.L. 93-638 Self-Determination contracts, American Indian Tribes and Alaska Native corporations administer 15 hospitals, 216 health centers, 9 residential treatment centers, 97 health stations, and 162 Alaska village clinics.

CAREER OPPORTUNITIES

The IHS employs approximately 15,800 people, including members of virtually every discipline involved in providing health care, social, and environmental health services. Individuals who have health related degrees have the option of joining the IHS as civil servants or as

commissioned officers in the Public Health Service (PHS).

The Indian Health Care Improvement Act, P.L. 94-437, authorized the IHS to administer three interrelated scholarship programs to meet the health professional staffing needs of IHS and other health programs serving Indian people. In addition, the IHS administers a Loan Repayment Program for the purpose of recruiting and retaining highly qualified health professionals to meet staffing needs.

The PHS Commissioned Officer Student Training and Extern Program provides students of the health professions the opportunity to gain experience in a health service environment during free periods of the academic year. The Indian Health Professions Program provides scholarships, loans, and summer employment in return for agreements by students to serve in IHS, Tribal, or Urban Indian programs. As a matter of law and policy, the IHS gives preference to qualified Indians in applicant selection and career development training. The PHS National Health Service Corps program offers scholarships and stipends to medical students who agree to enter primary care specialties and to sign on for a minimum 2-year tour of duty in PHS programs, including IHS direct and Tribal programs.

IHS HEADQUARTERS AND AREA OFFICES

IHS Headquarters is located in Rockville, Maryland. There are 12 IHS administrative units, called Area Offices, which are located in:

Aberdeen, South Dakota	605/226-7581
Anchorage, Alaska	907/729-3686
Albuquerque, New Mexico	505/248-4501
Bemidji, Minnesota	218/444-0452
Billings, Montana	406/247-7107
Nashville, Tennessee	615/467-1505
Oklahoma City, Oklahoma	405/951-3716
Phoenix, Arizona	602/364-5039
Portland, Oregon	503/326-2020
Sacramento, California	916/930-3927
Tucson, Arizona	520/295-2406
Window Rock, Arizona	928/871-5811

Additional information about the IHS is available on the Internet at: www.ihs.gov and info.ihs.gov.